



Straight talk with... Victor Dzau

For more than four decades, the US Institute of Medicine (IOM) has operated as an independent nonprofit organization with a mission of providing guiding documents on matters of health and biomedical research, many of which are commissioned by the government. The IOM—part of the 151-year-old National Academy of Sciences—issues reports on a wide range of topics, from salt consumption to clinical trial data sharing, and convenes workshops at its headquarters in Washington, DC.

The institute counts almost 2,000 experts among its members, including Victor Dzau. On 1 July, Dzau will replace health policy expert Harvey Fineberg as president of the IOM for a six-year term. A cardiologist and researcher by training, Dzau currently serves as chancellor for health affairs at Duke University in Durham, North Carolina. During his time at Duke, he has broadened the reach of the institution by helping to launch the Duke–National University of Singapore Graduate Medical School, the Duke Global Health Institute and the International Partnership for Innovative Healthcare Delivery.

Roxanne Khamsi spoke with Dzau about his vision for the IOM. The conversation has been edited for clarity.

How important is basic research to the IOM?

If we look at the members [of the IOM], there are many who are basic biomedical scientists. I could count myself as one of them. I understand the importance of biomedical sciences. And I also understand the importance of human health, and what we need to do today is to work together to achieve that goal of better health. I've always written and practiced the idea of the 'discovery to care continuum'. The whole idea is that solutions in health and health care stem from a fundamental understanding of biology and human behavior, all of the way to the

utilization of digital technology. So, is biomedical science important in the agenda? Absolutely.

What are some of your dream projects for the IOM?

I have in mind things that are important to me, but the question is: are they equally important to others? So I want to start with a listening tour to find out what the nation feels are the important issues. I want to hear from translational scientists and people who are in health care and, of course, all of the new sciences that are emerging such as implementation science, regulatory science and behavioral science.

Government funding for the IOM has dropped from 78% to 59% of the institute's budget. How does one cope with that?

If US Congress trusts us, and if NIH [US National Institutes of Health] trusts us and if the CDC [Centers for Disease Control and Prevention] trusts us, and they say, 'Look, you can help us solve this problem by objectively evaluating this very difficult issue; give us recommendations which are influencing policy,' that's what we should be doing. So I don't look at 60% or 70%. I think about what are the means by which, when we do a study and we have important things to say, that people hear it.

So, should the IOM shift away from government-initiated studies? Is that part of what the Harvey V. Fineberg Impact Fund, established by the IOM last year with the goal to raise \$10 million, is all about?

It shouldn't be all government driven. In fact, I'm a scientist and I believe in investigator-initiated research. 'How do we fund those studies?'—that is the question. What I plan to do is raise money so that [the IOM] has more robust resources to be able to study more of the issue-initiated, member-initiated, important and critical issues that we need to address. That will be my job: to find resources and sources from individuals, from foundations, from our own members to give us more flexible dollars to indeed do those studies that we believe are important and may not necessarily be commissioned by the government.

You are stepping down from several corporate boards, including Pepsi's. Why?

I have resigned from [several corporate boards] mainly because I believe to be effective in this job I need to remove myself from any apparent conflict. To me, [leading the IOM] is my public service. I will take a substantial reduction in income, but I think this is such an important job and opportunity that I must do it. Therefore, I'm quite willing to say 'Well, you know, I just have to step away from these things.' But I don't see them as anything bad. I think that it's a continuum.

How will the IOM extend its reach internationally?

IOM already has good connections to academies across the globe. But I think we need to go beyond academies. I think a lot of solutions lie in the willingness to look well beyond our own domain. I think about working with pretty much every sector.

Do those sectors beyond academia include industry?

I am interested with working with everyone. I don't mean to be Pollyannaish. Health is so complex, so really the issue is working with everyone who impacts how we live and how we work and how we develop. We have to be willing to bring different sectors together. We shouldn't be an ivory tower.